



WOODFORD
Youth Soccer Association
Est. 1982

Soccer Scholarship program

Purpose -To allow every player, age 18 and under, the opportunity to participate in recreational or competitive soccer regardless of household financial conditions. The WYSA Soccer Scholarship program was developed to lower the cost of recreational opportunities for children whose families have demonstrated financial needs.

Who Qualifies? - Any resident youth age 18 and under who's household receives state or local family income assistance (schemes detailed in section 3 of the form) and whose parent/guardian submits the Application along with proper documentation.

Scholarship Requirements

- Families are required to participate in program fundraisers.
- Parents/guardians are expected, if asked, to participate in volunteer activities to help offset the cost of this scholarship. This will include:
 - Parent or player(s) attend the Maintenance weekend (4hrs)
 - Parent or family member work in the concession stand (2hrs)
 - Parent and player(s) help on a Tournament / Event held at WYSA

Application Process:

1. Complete Player Registration online (<https://www.woodforyouthsoccer.com/registration/>) for the players. On the payment page select "Financial Assistance"
2. Email wysa.assisstant@gmail.com as soon as you register with the names of the players that you will be applying for financial assistance for.
3. Complete the Scholarship Application Form downloadable from our website here: <https://www.woodforyouthsoccer.com/downloads/> . The form must be signed by a parent/guardian.
4. Attach evidence of living in Woodford County, such as a utility bill.
5. Scholarship application approval will be based on verification of financial need and availability of scholarship funds.
6. Final decisions will be made by WYSA with no consideration of team affiliation.
7. Applicant will be notified as to the amount/level of financial assistance available.
8. Applicant must accept or decline the offer as requested by WSYA.

Mail paperwork to:

WYSA Soccer Scholarship Committee

PO Box 126

Versailles, KY 40383

Or email to:

wysa.assisstant@gmail.com



Section 1: Family Information

First Name: _____ Last Name: _____

Home Address: _____ (street)
 _____ (city)
 _____ (county)
 _____ (Zip)

Parent Email : _____

Primary Phone : _____

Household Monthly Gross Income: \$ _____

USE BY WYSA ONLY:

Date Reviewed: ____/____/____

Application and supporting information complete (Y/N)

Date Approved: ____/____/____

%age Approved: ____%

Date Denied: ____/____/____

Date Applicant Informed: ____/____/____

Section 2: Player(s) this Application applies to

Player(s) Name	DOB	Registration Age Group (U4, U6 etc)	Registration Fees
1. _____	___/___/___	_____	\$ _____
2. _____	___/___/___	_____	\$ _____
3. _____	___/___/___	_____	\$ _____
4. _____	___/___/___	_____	\$ _____
Total			\$ _____

Section 3: Additional Information

Dollar Amount of Scholarship Requested \$ _____

Are the Family Approved for any of the following? (check all that may apply)

Disability Benefits KTAP
 Housing Benefits (Section 8) Food stamps
 Free/Reduced Lunch Program

NOTE: The applicant must submit proof of one of the above checked programs of the Committee's choosing when accepting the Committee Scholarship Offer.

Briefly describe why you would like assistance from the WYSA Soccer Scholarship Program:

By signing below, I give permission to the WYSA Club staff and/or Board of Directors to verify information on this application. I acknowledge that I will be expected to help the club when asked to volunteer. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration. I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

Signature of applicant: _____ Date: _____